

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



662092

Bar Date Ref # 1-NV-6260

In re
Core Mark

Case Number

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Name of Creditor and Address

Please correct address

Creative Container
PO Box 268988
Oklahoma City OK 73126

Creative Container, Inc
PO Box 270955
Oklahoma City, OK 73137

0354653662092

Creditor Telephone Number (405) 942-0000

CREDITOR TAX ID #

73-1300592

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Customer# 11992 INV#70945

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED

2/11/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 2882.40

(unsecured)

\$ _____ (secured)

\$ _____ (unsecured priority)

\$ 2882.40

(total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- Real Estate
- Motor Vehicle
- Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
- Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT

FILED
SEP 23 2003
BMC

DATE SIGNED

9/12/03

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Robert M. ... Creative Container

Fleming Companies Claim



14246

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions

INVOICE

OFFICE COPY



Creative Container, Inc
 P O Box 268988
 Oklahoma City, OK 73126-8988
 800-537-2938

All Other correspondence mail to
 Creative Container, Inc
 P O Box 270955
 Oklahoma City, OK 73137

INVOICE NO

70945

DATE

2/11/03

B Core-Mark / Albuquerque
 I P O Box 91178
 L Albuquerque, NM 87199

S Core -Mark / Albuquerque
 H 5600 2nd Street Northwest
 I Albuquerque, NM 87107
 P

T
O

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O

CUSTOMER NO 11992	OUR ORDER NO 63733	TERMS 1% 10 DAYS, NET 15 DAYS	ORDER DATE 12/26/02
SHIP VIA SOUTHWESTERN MOTOR		YOUR PO NO 48-0483450-01	BUYER ABE PEREZ
			SALES NO 20

Ord'd	Ship'd	B O	Item No	Description	Unit Price	Extention
60	60	0	ERX16	4385/16oz hot/cold extruded foam cup, 3 color, "Ever Ready" 750/CS	48 04	2882 40

A discount of \$28 82 is permitted if payment is received by 2/21/03 Payment in full is due by 2/26/03

Product Total \$2 882 40
 Freight Charges \$0 00
 Other charges \$0 00

Thank You!
We Appreciate Your Business!

Previously Paid \$0 00
 Total Due \$2 882 40



PURCHASE ORDER

REGISTER # _____ ORDER DATE 2002 12-26 800 537-2338 PAGE 1 OF 1

ALBUQUERQUE 048 CREATIVE CONTAINER 5600 2ND STREET N W 301 N HARVARD ALBUQUERQUE

ARRIVAL DATE 2003-01-16 Thursday 405-342-0185 PURCHASE ORDER # 48-0483450

ALBUQUERQUE OKLAHOMA CITY OK 73127

PAYMENT TERMS DISCOUNT SPACKET 1.000% 10 Days

THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES BILLS OF LADING SHIPPING CONTAINERS AND PACKING LISTS

STANDING ORDER #

USA ATIN RHONI TUCKER

CE RCVD PURCHASED BY VENDOR # 06260 BUYER # 482

WEIGHT 1100 CU VOL 30 CASES 30

QUANTITY D ORDER	PURCH UNIT	UPC CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	SELL UNIT ORDERED	OFF INVOICE ALLOWANCE	OTHER ALLOWANCES	UNIT COST	EXTENDED COST	NET	WHSE LOCATION
60	CS	48780 34307	255117	(AMINO) REAL HOT CUP 16Z	ERY16 750 CT	1	60			48 04	2882 40		31-125503
20	CS	33780 15772	331519	PH66 HOT/COLD CUP 16Z	YL6N 750 CT	1	20			42 54	850 60		31-133803
10	CS	38780 15773	33152	PH66 HOT/COLD CUP 20Z	.20N 750 CT	1	10			56 48	563 80		31-125301

				##ORDER SENT VIA FAX##									
30							90	00	00		4236 80		

##ORDER SENT VIA FAX##



Creative Container, Inc.

P O Box 270955 • Oklahoma City • OK • 73137

**Fax
Transmission**

Date 3/28/03
To Ron- A/P
Core Mark
From Debbie Murphy
Phone 405-942-0000
Our fax 405-942-0185
E-mail dmurphy@creativecontainer.net

Please acknowledge receipt
Thanks!

Following is proof of delivery on invoice#70945 Please let me know if you have any questions

Thanks

83/28/83 11:11 FROM.

SMT LINES To.9,18889499349

PAGE 002 OF 002



SOUTHWESTERN MOTOR TRANSPORT, INC (SMTL)
4600 GOLDFIELD, SAN ANTONIO, TX 78218-4699
FAX 1-815-773-9575



1302

Delivery Receipt 1

00118880230

Freight Bill Number

Full Amount	Doc	Trailer No.	Shopper B/L or Reference No.	Date	OTI		
ELP	3913	2577520	2/11/03	DAL	Page 1 C#1		
CONSIGNEE	CORE MARK ALBUQUERQUE 5600 2ND STREET NORTHWEST ALBUQUERQUE, NM 87107		9999078 WIKIFEB 13 2003 P.O.#7261	SHIPPER	SWEETHEART CUP COMPANY INC 4444 W LEDBETTER DR DALLAS, TX 75236		
Special Instructions	405 943 0000 CALL FOR DELIVERY APPT SMT Lines offering direct service to and from Illinois		FEB 14	SHIPPER	SWEETHEART CUP P O BOX 499 OWINGS MILLS, MD 21117		
Orig. C/L	Orig. C/L Rev.	Date	C/L Bill No.	BYD C/L	BYD C/L Rev.	SMT Rev.	Shopper Number
						124 85	27098201
Pieces	Nbr	Description	Class	Weight	Rate	Charge	
60		PC GENERAL FAX MERCHANDISE NOTIFICATION REQUIRED SWEETHEART FS 3.04 SMT LINES saves you	60	720	33 67	242 42	
					Nodis	3.64	
						221 21	
							60 Bx 18 Feb 03 Kam
							FEB 18 2003
							124 85
60		*TOTAL PREPAID CHARGES					
Terms, conditions and restrictions except as noted above			Date	Arrival	Departed	Pieces	60
Signature	Daniel Thomas (S)		02/18/03	7:26	7:57	Unit/Loc	Floor
Name (Print)	THOMAS		By	Del	Del	Checker	4337
			Handl	Un			

SENDING REPORT

Mar 28 2003 02 39PM

NO	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
01	1505243227	Mar 28 02 37PM	01'25	3ND	02	OK

TO TURN OFF REPORT, PRESS MENU #04 SET
THEN SELECT OFF BY USING JOG-DIAL

IF YOU HAVE A PROBLEM WITH YOUR FAX MACHINE, CALL TOLL-FREE 1-800-HELP-FAX (1-800-435-7329)